

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	fm		04-30-01
FORMALITY REVIEW	TH	953	06-26-01
RESPONSE FORMALITY REVIEW	CK	1109	1-16-02

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Original	Date
1	✓	12/15/00
2		
3		
4		
5	✓✓	
6	NM	
7	✓✓	
8		
9		
10		
11		
12	✓✓	
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35		
36		
37		
38		
39	NM	
40	✓✓	
41		
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46		
47		
48		
49	✓✓	
50	✓✓	

Claim	Original	Date
51	✓✓	
52	NM	
53	✓✓	
54		
55		
56		
57		
58	✓	
59	NM	
60	✓✓	
61	NM	
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84		
85	NM	
86	✓✓	
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91		
92	✓	
93		
94		
95		
96	✓	
97		
98	NM	
99	✓✓	
100	✓✓	

Claim	Original	Date
101		
102		
103		
104		
105	NM	5/1
106		
107		
108		
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131	NM	8/1
132		
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C-27-01
 C-27-01
 If more than 150 claims or 10 actions
 staple additional sheet here

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